

Implementing a Collaborative Practice Agreement (CPA)
at UMMC Center for Telehealth:
Annual Wellness Visit

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Executive Summary

Medicare Annual Wellness Visits (AWV) are annual appointments with providers to create a preventive health plan tailored to specific needs. Eligibility includes patients who have been members for at least 12 months and have not received the service in the past year.¹ Part B covers an AWV if performed by a physician, physician assistant, nurse practitioner, certified clinical nurse specialist, or a licensed medical professional under direct physician supervision. With a collaborative practice agreement (CPA), pharmacists qualify to perform AWVs.⁴ Pharmacists have the clinical expertise to provide medication therapy management in addition to the required health screenings, risk assessments, and the creation of a personalized health plan during these visits.

a. Mission

- To improve the overall well-being of Mississippi patients by creating or updating a personalized health plan and continue to expand a pharmacist's scope of practice.

b. Goal

- The goal of this business plan is to provide a guide for implementing a CPA between physicians and pharmacists to conduct annual wellness visits for eligible Medicare beneficiaries.

Business Description

UMMC Center for Telehealth

For many years, the University of Mississippi Medical Center- Center for Telehealth has made efforts to bring quality health care to all Mississippi residents. In 2017, the program was recognized as one of only two federally designated Centers of Excellence in Telehealth.³ A team of physicians, pharmacists, nurse practitioners, nurses, and other personnel work together to provide telehealth services in the following areas: Remote Patient Monitoring, Specialty Care for adults and children, and Emergency Telemedicine.² Pharmacists at the Center for Telehealth, under CPAs, work to manage chronic disease states such as type 1 and type 2 diabetes, hypertension, and chronic obstructive pulmonary disease through remote patient monitoring.

Available patient services through remote patient monitoring include:³

- Monitoring at home, school, and work
- Daily health sessions
- Personalized interventions
- Automatic notification of potential issues
- Medication therapy management
- Targeted education and health coaching
- Behavior modification
- Patient empowerment
- Ongoing care coordination with primary care providers

With the health disparities and lack of access to care in Mississippi, the overall goal of the program is to close the gaps and ease these challenges rural and underserved communities face. Expanding services health care practitioners provide at the Center for Telehealth will ensure patients receive the highest level of care.

Location:

C Spire Corporate
1018 Highland Colony Pkwy
Ridgeland, MS 39157
Phone: 601-815-2053

Service Description

There are three types of Annual Wellness Visits- Initial Preventive Physical Exams (IPPE), Initial Annual Wellness Visits, and Subsequent Wellness Visits. IPPE and initial AWVs are similar, but the differences are important.

IPPE: occur within the first 12 months of Medicare Part B enrollment and **must occur in person**

Initial AWV: occur 12 months after the IPPE or if the patient did not receive an IPPE during the first 12 months of enrollment; **can complete via telehealth**

Subsequent AWV: occur annually after the initial AWV; **can complete via telehealth**

The Centers for Medicare & Medicaid Services increased access to telehealth services in response to the COVID-19 pandemic. As a result, healthcare professionals can complete initial and subsequent annual wellness visit via telehealth. However, initial preventive physical exams (IPPEs) are not billable by telehealth and must be performed in person.

Pharmacists at the UMMC Center for Telehealth will perform Initial and Subsequent Annual Wellness Visits. Before each visit, a health risk assessment (HRA) will be completed/updated. The HRA is used to evaluate the health risks of an individual. The results of it are further addressed during the initial or subsequent visit. After each AWV, the patient will have a personalized prevention plan, follow-up visits, and any necessary referrals.

The requirements for each visit are listed below.

Health Risk Assessment (HRA) ⁵	<ul style="list-style-type: none"> • Questions in the following areas: • Demographic characteristics – age, gender • Lifestyle behaviors: exercise, eating habits, alcohol, tobacco use • Emotional health – mood, stress, life events • Physical health – weight, blood pressure, cholesterol levels • Current and previous health conditions • Preventive screenings • Readiness to change behaviors to improve health
Initial AWVs ¹	<ul style="list-style-type: none"> • Perform Health Risk Assessment (prior to visit) • Establish patient’s medical and family history • Establish current providers list • Measure height, weight, BMI, and blood pressure • Detect any cognitive impairment • Review potential depression risk factors • Review functional ability and level of safety • ADLs, fall risk, home safety, hearing impairment • Establish an appropriate patient written screening schedule for next 5-10 years (PERSONALIZED PREVENTION PLAN) • Establish patient’s list of risk factors and conditions to recommend primary, secondary, or tertiary interventions • Review current opioid prescriptions • Screen for potential substance use disorders • Advance care planning services
Subsequent AWVs ¹	<ul style="list-style-type: none"> • Update HRA • Update the list of current providers and suppliers • Update medical and family history

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Market Plan

a. Market Analysis (SWOT) Strengths, Weaknesses, Opportunities, Threats

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<u>STRENGTHS</u>	<u>WEAKNESSES</u>
<ul style="list-style-type: none">• Experience with existing CPAs• Identified a patient population<ul style="list-style-type: none">○ Provide existing telehealth services to Medicare beneficiaries• Reduced patient burden on physicians	<ul style="list-style-type: none">• Potential push back due to this service being provided by other healthcare professionals at Center for Telehealth• Patients being unavailable by telephone to complete visits
<u>OPPORTUNITIES</u>	<u>THREATS</u>
<ul style="list-style-type: none">• Reimbursement- AWW is a billable service and serve as an advantage for pharmacists to generate revenue• Increased access to prevention and screening services for Medicare beneficiaries who typically receive services focused on acute and chronic issues• Potential new positions	<ul style="list-style-type: none">• Patient resistance to receive services provided by PCP• Barriers within the patient referral process• Need for additional pharmacists

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Marketing Strategy

Prior to most initial AWVs and all subsequent AWVs, beneficiaries must receive an IPPE or initial AWV. Therefore, our team plans to focus our collaboration and marketing efforts with the Department of Family Medicine at the University of Mississippi Medical Center to receive referrals for the annual wellness visits.

- Contact UMMC's family medicine providers to discuss potential collaboration
- Contact referring family medicine providers of existing remote patient monitoring program participants
- Create an advertisement flyer for providers to use in their clinics and during patient encounters to increase interest in service
 - Highlight the service being covered through their insurance. The copayment and deductible are waived. Include benefits of annual wellness visits.
- Advertise new service on UMMC News

Financial Plan

Financial Statements

- The startup cost for this service is minimum. The Center for Telehealth currently uses EPIC for maintaining patient health records. All documentation will be stored in the database.
- A pharmacist is currently employed by the Center for Telehealth. Under their direct supervision, pharmacy residents and students also perform pharmacy services specific to the RPM program. At startup, there is no additional cost required for salaries. However, as the service increases there is potential growth for additional pharmacists.
- Advertisement costs will include any patient flyers/information to be printed.
- Implementation of AWVs will have a direct and indirect impact on revenue for the Department of Family Medicine. Direct impact is reimbursement rates for AWVs that are listed below and indirectly AWVs help providers meet performance metrics and establish practices that promote value-based care.

Financial Projections

- Billing Codes
 - Healthcare Common Procedure Coding System
 - G0438- initial visit
 - \$153.64
 - G0439- subsequent visits

- \$119.66
- Fixed Costs
 - Advertisement cost
 - Printing
 - \$0.14 per printed flyer for service advertisement
 - \$15 for each customized poster placed in the selected physician's office
- Variable Costs
 - Potential growth for additional pharmacist salary
 - ~\$115,000
 - 800-1000 visits annually to cover salary
 - Additional office space dedicated to pharmacy staff
 - \$500 per office computer desk (desk and chair included)
 - \$1000 per desktop computer
 - 10 –15 AWWs would cover cost of each additional office space

Management Team

Referring Physicians

- Provide referrals for patients who qualify an AWV
- Explain AWV to patient

Pharmacists

- Review referrals and determine patient's eligibility
- Complete AWVs
- Provide medication therapy management
- Assess and encourage medication adherence
- Coordinate patient care through additional referrals/consultations
- Identify patients who may benefit from enrollment in other program offered at the Center for Telehealth

Pharmacy Students

- Contact patient to schedule AWV
- Ensure patient's Health Risk Assessment is complete and up to date before the visit

Operations

Commented [S"4]: So the pharmacy students are doing the HRAs? The 3rd and 4th steps are a little confusing to me in this section. Also add the word "be" in the 2nd step "determine if it will be"

Referrals received by providers to pharmacists



Full-time Pharmacist/Pharmacy Resident determine patients' eligibility for a AWV
AND
determine if it will be the initial or subsequent visit



Pharmacy students contact eligible patients to discuss the service and schedule an appointment to complete the visit



Pharmacy students will complete or update the patient's HRA during initial conversation or doing a phone call prior to the scheduled AWV



Pharmacist to complete AWV at scheduled time and schedule subsequent visit 12 months from date

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2. Centers for Medicare & Medicaid Services. Covered medical and other health services. Medicare Benefit Policy Manual. Rev 11865, 2023. [cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf).
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